



KATHLEEN BABINEAUX BLANCO
GOVERNOR

State of Louisiana

OFFICE OF THE GOVERNOR

Baton Rouge

70804-9004

POST OFFICE BOX 94004
(225) 342-7015

REQUEST FOR OFFICIAL STATEMENT

Date Requested: _____

Date Needed: _____ (Allow **2 WEEKS** for processing)

Requested By: _____

Phone Number: _____

Fax Number: _____

Official Statement or Certificate (Office of Constituent Services)

- Acknowledges a person or party for an event or occasion.

- Birthday

Person's Name: _____ Age: _____

Birth Date: _____

Date to Appear on Certificate: _____

- Anniversary (for a married couple, not a business)

Couple's Names: _____

Date of Anniversary: _____ Number of Years Married: _____

Date to Appear on Certificate: _____

- Retirement

Person's Name: _____ Number of Years Worked: _____

Organization Retiring From: _____

Date to Appear on Certificate: _____

- Any Other Acknowledgement (including anniversary for a business)

Name of Party Being Recognized: _____

In Acknowledgement Of: _____

Date to Appear on Certificate: _____

When completed, certificate should be (check one):

Picked Up _____

Mailed _____

- If mailed, address must be included: _____

Remember: Official Statements require 2 WEEKS for processing
Please, no requests for residents outside the State of Louisiana

Mail or Fax your request to:

Office of Constituent Services
P.O. Box 94004
Baton Rouge, LA 70804
Phone 225-342-0991
FAX 225-342-7099